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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THA		
FOR NUMBER			BER FILEC	NUMB	IER EXTRA	RATE	FEE	1	RATE		
	SIC FEE CFR 1.16(e))						,	OR	10110	† '	
TOTAL CLAIMS			minus 20 =			· · ·	<u> </u>	1	, , , , , , , , , , , , , , , , , , ,	+-	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS (37 CFR 1.16(b))		MS			·	X \$=		OR	X \$=	┼-	
_		ENT CLAIM PRESE				x <u>* = </u>		OR	X \$=	┼	
_		4		(37 CFR 1.16(d))		+ 1 ===		OR	+5=	-	
11 (he difference in	column 1 is less the	1an 2010. (enter "0" in column	2.	TOTAL	L	OR	TOTAL	<u> </u>	
	С	LAIMS AS AN	IENDE) - PART II							
		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHE SMALL		
\ - -		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	AI	
	Total (37 CFR 1.16(c))	· AMENDINENT	Minus	**	=	x \$ =	766	OR	x \$ =	-	
֡֝֝֟֝֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֓֓֓֓֡֓֓֡֓֡֓֡֓	Independent (37 CFR 1.16(b))		Minus		=	x \$ =		OR	x s =	1	
AMENDMENT	FIRST PRESENT	ATION OF MULTIPL	E DEPENO	ENT CLAIM (37 CF	R 1,16(d))	+5 =		OR	+5 =		
_1						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	T	
		(Column 1)		(Calumn 2)	(Column 3)	ADD C FEE) 0	AUULFEE	L	
	1.25.05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	AE TIC	
	Total (37 CFR 1 16(cli	42	Minus	42		x \$=		OR	x 5=		
	Independent (37 CFR 1 16(b))	4	Minus	4		x s =		OR	x s =		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5 =		OR	+5 =		
		.•		·		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)						
(7/19/05/	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST 'NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	AC TIO FI	
-	Total	44	Minus	42	12	x \$ 25 :	50-	OR	x \$=		
r	Independent (37 CFR 1 16(b))	74	Minus	··· 4	:	x \$ [00]		OR	x \$=		
ı	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))			+, (80=		Ī					
\vdash	FIRST PRESENTA	TION OF MUCHIPLE	DEL CHANE	MI CLAIM (31 CF)	1101011	1 + < / // // - 1	1	OR	+ 5. =	1	

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found on the appropriate box in column 1.